

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES
VENDOR AUTHORIZATION APPLICATION

OWNER/CORPORATION			CURRENT VENDOR NUMBER	
STORE NAME				
STORE 'S STREET ADDRESS			P. O. BOX NUMBER	
CITY		COUNTY	STATE	ZIP CODE
STORE TELEPHONE	STORE E-MAIL ADDRESS		STORE FAX NUMBER	
STORE CONTACT PERSON FOR WIC PROGRAM		CONTACT PERSON'S TITLE		
FEDERAL TAX ID NUMBER		FOOD STAMP AUTHORIZATION NUMBER		
CHARTER NUMBER:	How long has this location been open under the current ownership? Years Months			
FACILITY AND OPERATION				
Is the facility ADA (Americans with Disabilities Act) compliant? YES NO				
If not, does the facility have an approved exemption status? YES NO (If yes, please attach a copy)				
Store type: Grocery store _____ Grocery store with pharmacy _____ Pharmacy only _____				
Square footage of the store:		Square footage allotted for food sales:		
Hours of Operation: If open 24 hours, 7 days check here _____ If not, complete the schedule at right. Do not include holiday shortened or extended times.		Sunday		
		Monday		
		Tuesday		
		Wednesday		
		Thursday		
		Friday		
		Saturday		
Gross sales, all products: \$		Total Annual food sales: \$ (Attach a copy of financial statement or tax form)		
Total Annual alcohol sales: \$		Total Annual tobacco sales: \$		
Will more than 50% of store's food sales be from the redemption of WIC checks? YES NO				
Number of registers or scanners:		If scanners, do they differentiate WIC items?		
Name of Distributor store uses to order Infant Formula:				
SANITATION				
A copy of the most recent sanitation report must be included with this application.				
Has there ever been a closing due to sanitation at this location? YES NO				
Are there unmet work orders or corrective action plans for sanitation violations? YES NO				
If yes for either question, explain:				
SIGNATURE		TITLE		DATE